

**DEPARTMENT OF MARINE RESOURCES**  
**Shellfish Sanitation Program**  
**21 STATE HOUSE STATION**  
**AUGUSTA, ME 04333-0021**  
**TELEPHONE: (207) 624-6570**  
**FAX: (207)624-6015**

***2004 / 2005 Application for Shellfish Certification***

Certification #: ME _____	Date: _____
Certification Class:	
Reshipper (RS) ____; Shellstock Shipper (SS) ____; Shucker Packer (SP) ____; Depuration (DP) ____	
Renewal ____; New Applicant ____; Resident of Maine: Y / N	
Name on DMR license: _____ Wholesale Seafood License #: _____	
Mailing Addresses:	
Business: _____	
Home: _____	
Exact Location of Facility: _____ County: _____	
Telephone: Business: _____	
Home: _____	
Fax #: _____ E-mail Address _____	
Name of Contact _____	
Person(s) _____	

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**Water Supply: Public \_\_\_\_\_; Private \_\_\_\_\_; Type \_\_\_\_\_**  
**If private supply, date of last test \_\_\_\_\_; Test No. \_\_\_\_\_**

***Violations of Shellfish Laws or Regulations (State/Federal)***

***Name***

***Violation***

\_\_\_\_\_  
**Applicant's Signature**

**For Office Use Only**

**Recommendation:**

**Comments:**

**SEAFOOD TECHNOLOGIST: \_\_\_\_\_ DATE INSPECTED:     /     /200\_**

**Approved / Denied     Bruce E. Chamberlain, Seafood Technology Supervisor     Date :     /     /**

**Comments:**